by Federal law as allowed under Exemption 4 of the Freedom of Information Act (5 U.S.C. 552(b)(4)) and, with respect to trade secrets, the Trade Secrets Act (18 U.S.C. 1905).

§416.200 Application of the payment adjustment.

- (a) CMS recognizes the IOL(s) that define a new technology subset for purposes of this subpart as belonging to the class of new technology IOLs for a period of 5 years effective from the date that CMS recognizes the first new technology IOL for a payment adjustment.
- (b) Any IOL that CMS subsequently recognizes as belonging to a new technology subset receives the new technology payment adjustment for the remainder of the 5-year period established with CMS's recognition of the first IOL in the subset.
- (c) Beginning 5 years after the effective date of CMS's initial recognition of a new technology subset, payment adjustments cease for all IOLs that CMS designates as belonging to that subset and payment reverts to the standard payment rate set under section 1833(i)(2)(A)(iii) of the Act for IOL insertion procedures performed in ASCs.
- (d) ASCs that furnish an IOL designated by CMS as belonging to the class of new technology IOLs must submit claims using specific billing codes to receive the new technology IOL payment adjustment.

PART 417—HEALTH MAINTENANCE ORGANIZATIONS, COMPETITIVE MEDICAL PLANS, AND HEALTH CARE PREPAYMENT PLANS

Subpart A—General Provisions

Sec.

417.1 Definitions.

417.2 Basis and scope.

Subpart B—Qualified Health Maintenance Organizations: Services

- 417.101 Health benefits plan: Basic health services.
- 417.102 Health benefits plan: Supplemental health services.
- 417.103 Providers of basic and supplemental health services.
- 417.104 Payment for basic health services.

- 417.105 Payment for supplemental health services.
- 417.106 Quality assurance program; Availability, accessibility, and continuity of basic and supplemental health services.

Subpart C—Qualified Health Maintenance Organizations: Organization and Operation

- 417.120 Fiscally sound operation and assumption of financial risk.
- 417.122 Protection of enrollees.
- 417.124 Administration and management.
- 417.126 Recordkeeping and reporting requirements.

Subpart D—Application for Federal Qualification

- 417.140 Scope.
- 417.142 Requirements for qualification.
- 417.143 Application requirements.
- 417.144 Evaluation and determination procedures.

Subpart E—Inclusion of Qualified Health Maintenance Organizations in Employee Health Benefits Plans

- 417.150 Definitions.
- 417.151 Applicability.
- 417.153 Offer of HMO alternative.
- 417.155 How the HMO option must be included in the health benefits plan.
- 417.156 When the HMO must be offered to employees.
- 417.157 Contributions for the HMO alternative.
- 417.158 Payroll deductions.
- 417.159 Relationship of section 1310 of the Public Health Service Act to the National Labor Relations Act and the Railway Labor Act.

Subpart F—Continued Regulation of Federally Qualified Health Maintenance Organizations

- 417.160 Applicability.
- 417.161 Compliance with assurances.
- 417.162 Reporting requirements.
- 417.163 Enforcement procedures.
- 417.164 Effect of revocation of qualification on inclusion in employee's health benefit plans.
- 417.165 Reapplication for qualification.
- 417.166 Waiver of assurances.

Subparts G-I [Reserved]

Subpart J—Qualifying Conditions for Medicare Contracts

- 417.400 Basis and scope.
- 417.401 Definitions.
- 417.402 Effective date of initial regulations.
- 417.404 General requirements.